USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

Plugging Report

WATER WELL RECORD
KSA 82a-1201-1215

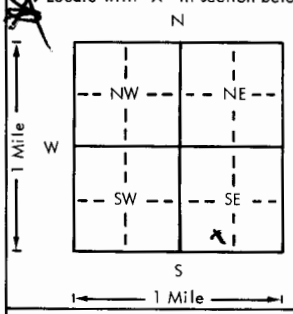
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Section	Section number	Township number	Range number
	Butler	SW1/4 SW1/4 SW1/4	1	T 25 S	R 4 E/W

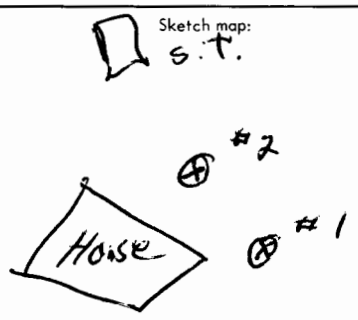
2. Distance and direction from nearest town or city: 25H and 196
Street address of well location if in city: 6 mo. 1/2 W.

3. Owner of well: Don Williams
R.R. or street: Rt 4
City, state, zip code: Eldorado, Ks. 67042

Locate with "X" in section below:



Sketch map:



6. Bore hole dia. [redacted] in. 10 Completion date 1-2-79
Well depth 125 ft.

7. X Cable tool ___ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: X Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material _____ Height: Above or below
Threaded ___ Welded ___ Surface _____ in.
RMP _____ PVC _____ Weight _____ lbs./ft.
Dia. ___ in. to ___ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. _____

5. Type and color of material	From	To
Top Soil	0	2
Limestone White	2	28
Shale (Gray)	28	125
Dry		

(Use a second sheet if needed)

10. Screen: Manufacturer's name _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
Gravel pack? ___ Size range of material _____

11. Static water level: mo./day/yr.
_____ ft. below land surface Date _____

12. Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ___ No Date _____

14. Well head completion:
___ Pitless adapter _____ Inches above grade

15. Well grouted? _____
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From _____ ft. to _____ ft.

16. Nearest source of possible contamination:
ft. 80 Direction NO Type septic
Well disinfected upon completion? ___ Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks: Contractor agree to Fill Dry Hole
X Don Coon

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Prewitt Const 353
Business name Box 744 License No.
Address _____
Signed Justin C Prewitt Date 1-7-79
Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

T 25 R 4 E/W Sec 1 1/4 1/4 1/4 SW SW